



IMPACT OF CHALLENGES FACED BY WOMEN IN SERVICE SECTOR ON WORK LIFE BALANCE-A STUDY CONDUCTED FOR NURSES IN BANGALORE

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ABSTRACT

Nurses are the key healthcare providers and share primary responsibilities of patient care. The nursing profession is one profession which requires a lot of commitment, and the kind of challenges faced by the nurses is quite different from any other job. The nurses face challenges like working overtime, keeping themselves fit and healthy for the treatment of the patients, treatment of terminally ill patients, the risk of transfer of any contagious disease from patients, etc. The challenges faced by them can impact their overall well-being and their work life balance too. It hence becomes imperative on the part of the nurses and even the hospital management to measure the incidence of these challenges on the work-life balance of the nurses and also try to measure their effectiveness in their work. Just measuring the impact would not be enough but seeking remedies to overcome the same is also urgent since work-life balance is an important aspect of any individual and the organization too. In hospitals necessary measures should be taken on working conditions, organizational climate and work stress. So this study is an attempt to trace the challenges faced by nurses and their impact on their work life balance.

1. INTRODUCTION

Work life balance refers to an effective management of multiple tasks at work, home, and in other aspects of life. It is an important issue for both employees and organization. In the present economic scenario, organizations are agitated for higher production and need employees with enhanced work-life balance as an employee with good work-life balance will contribute more studiously towards the organizational expansion and accomplishment (Naithani, 2010). Work life balance has become more important in current era due to changes in the workforce, demography of employees and in the family sphere too.

Nursing is one of the largest, most diverse and one of the respected among the health care professions. Nursing is a profession which focuses on protection, promotion and optimization of health of people. At the same time it requires 24 hours dedication of work. Due to Globalization the health care sector has experienced change in their structure, organization, functions and management. The technological transformation of health sectors is helping in creating an interconnected world. With the changes mentioned above the challenges faced by nurses is increasing and in order to cope up with the challenges mentioned nurses need valuable and self motivated leadership.

In current scenario the nursing staff role and functions at public sector hospitals across the different categories are not very clear. At the hospital level there is a lack of clarity in job descriptions of the nurses. There are no uniform rules and regulations governing the nursing staff across the country. Nursing staff have not been provided with adequate opportunities for their regular work as well higher studies. There is a lack of work standards for the nursing staff to adhere or to regulate the nursing care at the hospital level or even at different levels. It is essential for all of us to remember that the nursing profession requires continuous learning even while in service - through observation, reflection and analysis. The nursing staffs lack maturity which leads to non-productive professional, social and cultural involvement.

Nurses are the direct care providers, and as such are constantly under threat, from some deadly disease like HIV/ AIDS, infections, or violence from patients under psychiatric treatment or any gender based violence. While imparting dedicated service it is also necessary for nurses to safeguard their own health. Workplace environment is also becoming increasingly stressful due to work place violence, overtime work pressure, discrimination against co-workers etc. Factors contributing to these pressures are balancing work and family, poor leadership, poor internal communication, workload, lack of management support, no recognition for achievement, insufficient resources, job insecurity, technological advances and increasingly diverse workforce. A healthy work environment is a work setting in which policies, procedures and systems are so designed that employees are able to meet organizational objectives and achieve personal satisfaction in their work.

The nursing problems are too complex and diversified. Therefore they blend skills of various working groups like doctors, peer groups and technical and non technical staff to solve such complex problems. Ideally skilled nurses' helps in understanding the patience and positive attitude help in creating a healthy work environment for nursing practice. So this study investigates the challenges faced by Nurses working in Government and Private Hospitals of Bangalore and its impact on their work life Balance.

2. REVIEW OF LITERATURE

Many studies are conducted by individuals and Health care organizations to understand and analyze the challenges of nurses in health care sector. Also research is done on how nurses balance their work and life and its effects on nurses working in Government and Private Hospitals in India and abroad. A review and analysis of these studies were done so as to get clarity on different challenges of nurses and also its impact. Presented below is the review of some important studies.

Sahar Mansour Lamadah, Hala Yehia Sayed (2014) "Challenges facing nursing profession in Saudi Arabia": Through this research the author has studied that the Nursing Profession in Saudi Arabia faces a major problem of shortage of national nurses due to factors like social, educational, system and individual. The work-related factor such as mixing with the other gender, long working hours, rotation of shifts makes the nursing profession as an unacceptable profession in Saudi. Along with these factors things like increased workload, low pay, lack of financial incentives, lack of recognition and appreciation contributes to frustration, disappointment, and regret among nurses which adversely affects their job satisfaction and their retention too. They suggest that in order to retain qualified nurses, hospitals need to develop such personnel policies which benefits them in long run like life-long professional development, opportunities for career advancement, flexible scheduling, competitive salaries and improved work design, work climate and workforce management were nurses will be in a position to balance their work and life both efficiently.

Dr. Nagaraju Battu, G.Karthik Chakravarthy (2014) "Quality of work life of nurses and paramedical staffs in hospitals": The author studied that rotation of shifts was found to negatively affect the quality of work life which makes it difficult for nurses to manage family and work both together. The factors like a heavy workload, poor staffing, performing the non-nursing task and their incapability of taking their own decision for patients care to bring dissatisfaction among the nurses. The factor which affects the quality of work life in the work context is management practices, relationship with the co-workers, professional development opportunities, and the work environment. Nurses were also found dissatisfied with the security concerns about safety in the workplace. Additionally, the inadequacy of patient care supplies and equipment is related to the dissatisfaction of nurses and other health professionals. The study conducted also states that the working conditions in the Private sector are at the satisfactory level but in the Public sector the working conditions in the hospitals need to be improved. The facilities of shift system for the nursing staff, hygienic conditions and wash-room facilities should be maintained properly for the healthy environment of the nurses. Due to work stress, the nurses have been facing the problems mainly in the Private sector because of the timings in the hospital, pressure from the management and personal problems. With related to this they have been facing the health problems also. Thus, the author concludes that the nurses in the Public sector enjoy the monetary aspects of incentives from the Government whereas in the Private sector the situation is not like this, they have been facing the pressure from the management due to work and the salaries were not given in time. So, the Private Hospital needs to focus on the issue. The author further concludes that the main problem of the organizational climate in the Public sector is leadership, promotion, and conflicts. So the Government has to take necessary measures. Further the author suggests that both Private and Public sector hospitals need to improve their communication between supervisors and staff.

Lieve Lembrecht, Vickie dekoocker Patrizia Zanoni, Valeria Pulignano (2014) "A study of the determinants of work-to-family conflict among hospitals nurses in Belgium". The author identifies that the nurses deliberately choose to work according to atypical schedules; indeed, choice of work schedules has been found to increase work-family balance among nurses. On the contrary, nurses have less or no control over overtime hours and work overload, which can explain why these job dimensions do have a significant impact on work-to-family conflict. For the present study results indicate that levels of responsibility might not be a strong predictor of work-to-family conflict. The results also illustrates that job autonomy was a significant predictor of work-to-family conflict. However, an interesting new finding was made by the authors that autonomy became an insignificant predictor when organizational support was included in the model. The authors perceived that that organizational support mediates the relation between job autonomy and work-to-family conflict. Further, the author suggests that work overload and overtime hours can be reduced by the introduction of technologies that enable nurses to deal with standardized tasks more efficiently or even the redesign of jobs.

Naveen Ramesh, Catherine Nisha, Andre Mary Josephine, Seena Thomas, Bobby Joseph (2013) "A study on quality of work life among nurses in a medical college hospital in Bangalore". It was indicated in the study by the authors that the nurses were dissatisfied with their work life. The majority of nurses in this study perceived dissatisfaction with the work life factors including family needs, working hours and had no energy left after work. Nurses reported that they spent a long time at work so they had little energy left after work. As a result, the nurses were unable to balance their work with their family life. Payment including salary and financial incentives was also found to be an important factor leading to dissatisfaction among nurses which in turn affected their QWL. The author advises the hospital health administration that in order to improve the QWL among nurses the hospital should concentrate on improving their job satisfaction, organizational commitment, and organizational climate and job characteristics. In turn, the nurses will be more likely to stay in their positions and provide better nursing care.

Mahadzirah Mohamad, Wan Norhayati Mohamed (2012) "A model of quality of work life, life satisfaction and service quality"; the authors studied Nurses with high-Quality work life appear to achieve high Life Satisfaction. They are described as those who perceived their life conditions as excellent, leading almost an ideal way of life and are satisfied with their life. Moreover, nurses with high-Quality Work Life also appear to be delivering high Satisfaction Quality. They are described as providing empathy services such as understanding patient's feelings, inducing emotional comforts and providing courage and hopes to patients. The author recommends based on the findings that the hospital management perhaps should consider implementing voluntary alternate scheduling, where nurses have some choice or control over the hours or days worked instead of involuntary scheduling where nurses have no choice as to time or days worked. The author further proposes that the hospital management should treat nurses as assets to an organization instead of perceiving them as cost and allow them to participate in managing their work and making decisions.

Indian Journal of Applied Research. Volume-2, Issue:2, November 2012 "Work life balance & career satisfaction of critical care Nurses in Private Hospitals at Coimbatore". The paper attempts to study the work life balance and career satisfaction of critical care nurses, the results of the study indicated that majority of the nurses were satisfied with their working as a critical care nurses. The nurses had no choice with regard to changing the shift timings for their personal emergencies and this was a matter of great discontent for them. Further it was found that the hospital service rules such as leave transfer and promotions provided were very limited. The nursing staff professional development opportunities were also very limited and there was no scope for them to get such training during their work hours. The authors recommended that restricting successive evening or night shifts to three shifts; avoiding permanent night work; using forward or clockwise rotation in rotating systems, (morning to evening to night rather than backward or counterclockwise rotation) Providing adequate resting time (greater than 11 hours) between shifts; and limiting weekend work with their jobs, providing safety, providing shift schedules and rotation to the nurses will increase their career satisfaction and in turn will improve their work life balance.

Gaps in the previous studies:

The previous research studies highlight on the work life balance of nurses in hospitals but do not measure the impact of challenges on their work life balance. Challenges and work life balance of nurses were studied separately and none of the studies indicates the relationship between the two variables and effects of the two variables on each other. The previous studies conducted in India were done in Coimbatore, Pondicherry and even in Bangalore but did not study challenges and its impact on the nurses work life balance. The current study, therefore, with the objectives mentioned below attempts to study the impact of challenges on the work life balance of government and private hospital nurses in Bangalore.

3. METHODOLOGY

3.1 STATEMENT OF THE PROBLEM

Nurses are the direct care providers and the hospital environment in which they work is becoming increasingly stressful due to various factors like work place

violence, overtime, work pressure etc which contributes in imbalance of work and life. The challenges which nurses face are too complex and diversified in nature which affects their well being.

To improve the quality of work and life of nurses, the need for analyzing and understanding their challenges is the must as their work is to provide service for 24*7 hours. Thus, the present work is being conducted to help provide solution to the problems of the nurses and help them balance their work and life. The study will also further suggest the ways in which the hospital managements can contribute in bringing balance in work and family life of the Nurses.

3.2 OBJECTIVES OF THE STUDY

- To identify the challenges faced by nurses in Government and Private in Hospitals.
- To check the impact of the challenges on Work-Life Balance (WLB) of women in the above sector.
- To analyze the efforts of different Hospitals Management in improving WLB of Nurses.

3.3 HYPOTHESIS

- There is impact of challenges faced by Nurses working in Government and Private Hospitals on the basis of their demographical variables like Total family Members, Numbers of Dependent Members, Number of earning Members in the family, Monthly Income, And work variables like Distance between workplace and residence, Total duration spent in travel, Mode of transport, Amount spent on travel, Shifts they work.
- The support provided by the Hospitals and Family of Government and Private Hospitals to the nurses have impact on their Work life Balance.

3.4 QUESTIONNAIRE

The questionnaire is designed to know the challenges faced by nurses and their impact on work life balances of nurses. The questionnaire consisted of two parts. The first part consisted of socio-demographical details of the nurses while the second part contained 46 statements altogether to measure the Work-life Balance (WLB) of the nurses. The second part of the questionnaire employed five points Likert's scale ranging from Strongly Disagree, Disagree, Neutral, Agree and Strongly Agree to elicit responses.

3.5 DATA COLLECTION

Primary source was used for data collection. Data was collected from 200 nurses working in Victoria and Kidwai Hospitals which are Government Hospitals. Another 200 nurses were approached for data collection from Apollo, Fortis, Lakshmi, Aaveekasha and Maharaja Agrasen Hospitals which are Private Hospitals. So, data was collected from total of 400 nurses. Convenience sampling method was adopted and a structured questionnaire was used for data collection.

3.6. STATISTICAL TOOLS USED:

For the analysis of data SPSS Version 23 was used. The Cronbach's alpha criterion was applied to test the reliability of the questionnaire. Descriptive statistics was used to calculate Frequency and percentage of the demographical and work variables used in the study. The challenges faced by the nurses were measured using frequency and Pearson Chi-square was used to know the significance differences between the challenges faced by the nurses. Factor analysis was used to group the challenges faced by the nurses of Government and Private Hospitals into patterns and to see to what extent the challenges are present.

The challenges faced by nurses hindering their work life balance were measured using Mann-Whitney U test.

4. RESULTS AND FINDINGS:

4.1 Demographic Profiles of the Nurses:

- In both the categories of hospitals, it was found that a majority of nurses were aged between 20 and 30 years. In the government hospitals, 60% of the nurses were aged between 20 and 30 years, about 33% of the nurses were aged between 41 and 60 years, while about 7% of the nurses were aged between 31 and 40 years. In the private hospitals, 67% of the nurses were aged between 20 and 30 years, 15% of the nurses were aged between 31 and 40 years, about 8% of the nurses were aged between 41 and 50 years and about 10% of the nurses were aged between 51 and 60 years.
- Among the nurses surveyed in government hospitals, 55% of them were married, 41% of them were unmarried and 4% of them were either widowed or divorced. The private government hospital nurses were mostly married (53%), followed by unmarried (44%), widowed and divorced (3%).
- Regarding education, a majority of the nurses in both the hospitals had completed either SSLC or HSC. Among the government nurses, it was found that 38.5% of them had completed SSLC, 39.5% of them had completed HSC, 17% of them had done BSC and 5% of them had done MSC. As far as the private nurses were concerned, 26.5% of them had completed SSLC, 34% of them had completed HSC, 16% of them had done BSc, 21% of them had

done MSC and a small percentage of 2.5% of them had completed specialized public health nursing.

- 4) It was found that 32.5% of the nurses working in government hospitals had an experience of 1 to 5 years, whereas 34% of the nurses working in private hospitals had an experience of 1 to 5 years. The government hospital nurses had 15% of them with an experience of 6 months, while the private hospital nurses had 25% of them with an experience of 6 months. The nurses with more than 15 years of experience were 30% of them working in government hospitals and 21% of them working in private hospitals. In the experience category of 6 to 10 years, the government hospital nurses accounted for 17.5%, while the private hospital nurses accounted for 15.5%. Nurses who had an experience of 11 to 15 years had 5% of them working in government hospitals and 4.5% of them working in private hospitals.
- 5) Regarding the current experience of the government hospital nurses, 39% of them had 6 months, 23.5% of them had 1 to 5 years, 21.5% of them had more than 15 years, 9.5% of them had 6 to 10 years and 6.5% of them had 11 to 15 years of current experience. Among the private hospital nurses, 54% of them had 6 months, 24.5% of them had 1 to 5 years, 7.5% of them had 6 to 10 years, 7.5% of them had more than 15 years and 6.5% of them had 11 to 15 years of current experience.
- 6) Among the government hospital nurses, a majority of them (73%) were staff nurse, followed by 22% of them being senior staff nurse and 5% of them being medical superintendent. Among the private hospital nurses, a majority of them (88%) were staff nurse, 10% of them were senior staff nurse and 2% of them were medical superintendent.
- 7) The government hospital nurses reported that 59.5% of them had an income of less than Rs. 20,000; 23.5% of them had an income between Rs. 41,000 and Rs. 60,000; 9% of them had an income between Rs. 61,000 and Rs. 80,000; and 8% of them had an income between Rs. 21,000 and Rs. 40,000. The private hospital nurses reported that 67.5% of them had an income of less than Rs. 20,000; 16.5% of them had an income between Rs. 21,000 and Rs. 40,000; 10% of them had an income between Rs. 41,000 and Rs. 60,000; and 6% of them had an income between Rs. 61,000 and Rs. 80,000.

4.2 Challenges faced by the nurses:

The researcher tried to find whether nurses faced any problems. The responses are mentioned below:

Table 1: Challenges faced by hospital nurses

	Government		Private		Total	
Challenge	Frequency	Government	Frequency	Private	Frequency	Percent
Always	34	17.0%	50	25.0%	84	21.0%
Very frequently	8	4.0%	17	8.5%	25	6.3%
frequently	2	1.0%	7	3.5%	9	2.3%
Sometimes	28	14.0%	50	25.0%	78	19.5%
Never	128	64.0%	76	38.0%	204	51.0%
Pearson Chi-Square = 28.525, p=.000						

The participants were asked whether they faced any kind of challenges in their work. Among the government hospital nurses, 17% replied that they always faced challenges, 4% replied that they faced challenges very frequently, 1% replied that they frequently faced challenges, 14% replied that they sometimes faced challenges, and a majority of them (64%) replied that they never faced any challenges. Among the private hospital nurses, 25% replied that they always faced challenges, 8.5% replied that they faced challenges very frequently, 3.5% replied that they frequently faced challenges, 25% replied that they sometimes faced challenges, and 38% replied that they never faced any challenges. Pearson Chi-Square = 28.525, p=.000 which states there is significant difference in the challenges faced by the nurses in Government and Private Hospitals.

4.3 Types of Challenges Faced by the Nurses

The researcher identified ten types of challenges the nurses faces in a day-to-day work. The main types were harassment by doctors and the hospital management, safety, dignity and respect, non-cooperation from the patients and doctors, contagious diseases, overtime, treating terminally ill patients, keep oneself physically fit and healthy while treating the patients, non-standardized wage system, and no health coverage. In order to categorize the types of challenges and find the intensity of the challenges, factor analysis was applied.

Principal component extraction method with varimax rotation was used to extract the factors from the survey responses. According to Straub, factors having an Eigen value more than 1 and loading of at least 0.40 is considered to be an acceptable result of Principal Component Analysis (PCA).

Table 2: KMO and Bartlett's Test for Challenges

		Government	Private
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.627	.701
Bartlett's Test of Sphericity	Approx. Chi-Square	182.826	297.326
	Df	45	45
	Sig.	.000	.000

Sampling adequacy was tested through the Kaiser-Meyer-Olkin (KMO) measure. A value of 0.627 for government hospital and 0.701 for private hospital was obtained, which is in the acceptable range of 0.60. Thus, it is confirmed that the sample size was adequate to apply factor analysis on the data.

Table 3: Rotated Component Matrix – Government Hospital

Components	Factor loadings	% Variance	Cumulative %
Hospital related challenges		21.943	21.943
Nonstandardised wage system	.794		
Overtime work	.771		
No health coverage from hospital	.566		
Challenges from doctors		13.640	35.583
Doctors noncooperation	.843		
Harassment by doctors	.741		
Challenges from patients		11.391	46.974
Transfer of contagious disease	.733		
Treating terminally ill patients	.685		
Patients noncooperation	.445		
Personal challenges		10.625	57.599
Safety	-.746		
Keeping physically fit and healthy	.584		

Four types of challenges were extracted through the rotated component matrix. Hospital related challenges pertain to 3 items with a factor loading ranging from 0.794 to 0.566. The percent variance described by Hospital related challenges is 21.943, suggesting that the challenges mentioned in this group affect the nurses of government hospital more than other groups. Challenges from doctors included two items such as Doctors noncooperation (0.843) and Harassment by doctors (0.741). Challenges from patients included three items such as Transfer of contagious disease (0.733), Treating terminally ill patients (0.685), and Patients noncooperation (0.445). These challenges together explained about 11.4% of the variance found in all the challenges. Personal challenges included two challenges, namely, Safety (-0.746) and Keeping physically fit and healthy with 10.6% as the variance.

Table 4: Rotated Component Matrix – Private Hospital

Components	Factor loadings	% Variance	Cumulative %
Hospital challenges		28.823	28.823
Overtime work	.775		
No health coverage from hospital	.679		
Nonstandardised wage system	.663		
Challenges from doctors		11.975	40.798
Doctors noncooperation	.808		
Harassment by doctors	.666		
Challenges from patients		10.976	51.773
Patients noncooperation	.868		
Transfer of contagious disease	.728		
Treating terminally ill patients	.628		
Personal challenges		9.543	61.316
Safety	.965		
Keeping physically fit and healthy	.605		

In the case of Private hospitals, the challenges faced by the nurses were loaded as 4 groups with 61.32% explaining the factors. Hospital challenges included 3

items, namely, Overtime work (.775), No health coverage from hospital (.679) and Nonstandardised wage system (.663). Challenges from doctors included 2 items, namely, Doctors noncooperation (.808) and Harassment by doctors (.666) and explained 11.975% variance. Challenges from patients included 3 items, namely, Patients noncooperation (.868), Transfer of contagious disease (.728) and Treating terminally ill patients (.628) and explained 10.976% variance. Personal challenges explained 9.543% with 2 items, namely, Safety (.965) and Keeping physically fit and healthy (.605).

Although the challenges perceived by Government and Private Hospitals were similar. The degree of perception towards the challenges varied since the variance differs in both the cases.

4.4 Challenges that affect work life balance of nurses in Government and Private Hospitals

Table: 5 Challenges that affect work life balance of nurses in Government and Private Hospitals

Hospital type	N	Mean Rank	Sum of Ranks
Challenge affecting WLB			
Government	197	208.59	41091.50
Private	195	184.29	35936.50
Mann-Whitney U = 16826.5 , P = 0.013			

The results of the study indicated that government employees significantly faced more challenges than the nurses working in the private hospitals. Since the mean rank of challenges that affect the nurses was more for Government Hospital Nurses (Mean Rank=208.59) as compared to Private Hospital Nurses (Mean Rank=184.29). Mann-Whitney U = 16826.5, $p < 0.05$ indicates there is significant differences in challenges affecting Government and Private Hospital Nurses.

4.5 Support received from management to overcome challenges

Table: 6 Support received from management to overcome challenges

	Government		Private	
	Frequency	Percent	Frequency	Percent
Always	142	61.5%	89	38.5%
Very frequently	48	57.1%	36	42.9%
frequently	4	22.2%	14	77.8%
Sometimes	0		34	100.0%
Never	3	12.5%	21	87.5%
	197	50.4%	194	49.6%

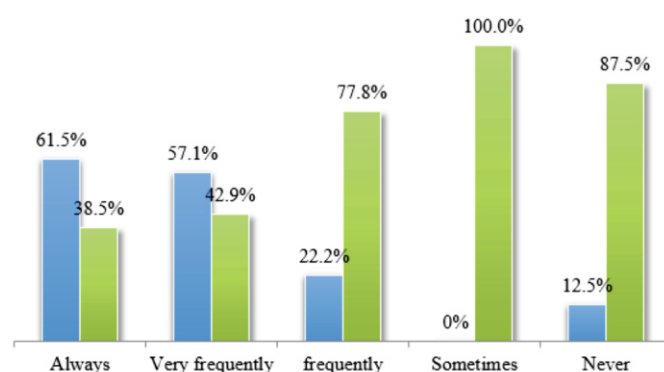


Figure 1: Support received from management to overcome challenges

Out of the 200 nurses working in government hospitals, 197 of them had responded. Likewise, out of the 200 nurses working in private hospitals, 194 of them had responded to the above-mentioned question. Among the government hospital nurses, 61.5% of them opined that they were always supported, 57.1% of them stated that they were very frequently supported, 22.2% of them mentioned that they were frequently supported, and 12.5% of them replied that they were never supported. Among the nurses working in private hospitals, 38.5% of them opined that they were always supported, 42.9% of them mentioned that they were very frequently supported, 77.8% of them replied that they were frequently supported, 100% of them said that they were sometimes supported and 87.5% of them replied that they were never supported. On the whole, it can be said that the government hospital nurses received more support from their hospital management when compared to the private hospital nurses.

4.6 Influence of the demographic variables on the challenges faced by the Nurses.

Hypothesis 1a: The demographic variables, such as Age, Marital Status, Education, Experience, Current experience, and Designation have no impact of the challenges on nurses working in the Government hospitals.

Hypothesis 1b: The demographic variables, such as Age, Marital Status, Education, Experience, Current experience, and Designation have no impact of the challenges on nurses working in the Private hospitals.

Multiple Regressions was conducted to find out if the challenges faced by nurses were based on the demographic data, such as Age, Marital status, Education, Experience, Current experience, and Designation. The multiple Regression equation:

Table 7(a): Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
	Hospital type = Government (Selected)				R Square Change	F Change	df1	df2	Sig. F Change
Government	.145a	.021	-.010	.47081	.021	.686	6	193	.661
Private	.314a	.098	.070	.56161	.098	3.509	6	193	.003

It can be understood from the table 7 (a) that the government Nurses do not perceive challenges based on the demographic data. The r^2 value was also very less ($r^2=0.021$) and it was also not significant. Therefore, the hypothesis 1a was rejected, which means there is significant difference in the challenges faced by nurses on the basis of demographical variables.

On the other hand, the results showed that the Nurses of the private hospitals perceived challenges based on the demographic data. The table 7(a) shows that 9.8% of the variation in the perception of challenges depends on the demographic variables. This result was significant ($p=0.003$).

Table: 7 (b) Coefficients ^{a,b}						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
Government	(Constant)	4.503	.236		19.052	.000
	Age	-.054	.046	-.140	-1.175	.241
	Marital status	-.045	.066	-.060	-.689	.492
	Education	-.006	.040	-.011	-.142	.888
	Experience	-.007	.034	-.021	-.195	.846
	Current experience	.068	.036	.228	1.873	.063
	Designation	-.013	.064	-.016	-.202	.840
Private	(Constant)	4.822	.397		12.154	.000
	Age	.069	.058	.119	1.174	.242
	Marital status	-.138	.083	-.142	-1.655	.100
	Education	-.132	.035	-.263	-3.756	.000
	Experience	.038	.037	.094	1.020	.309
	Current experience	-.074	.046	-.157	-1.605	.110
	Designation	-.050	.113	-.034	-.437	.662

Education was found to have a negative impact on the perception of challenge (beta coefficient = -0.132, $p=0.000$) as shown in Table 7 b. Therefore, the hypoth-

esis 1b was accepted which states there is significant difference in the challenges faced by nurses on the basis of demographical variables.

4.7 Support provided to nurses from Hospital and Family and its impact on SWLB

Table 8 (a) Correlations between SWLB and Family and Hospital support

	Government	Private
SWLB	1.000	1.000
Family support	.396	.206
Hospital support challenge	.124	.519

*significance at $P=0.000$.

As shown in table 8 (a) SWLB is moderately correlated with family support of the nurses working in government hospital ($r=0.396$) and weakly correlated with the challenge of hospital support ($r=0.124$). In the case of nurses working in pri-

vate hospitals, SWLB is weakly correlated with family support ($r=0.206$) and moderately correlated with the challenge of hospital support ($r=0.519$).

Table 8 (b) Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
	Hospital type = Government (Selected)				R Square Change	F Change	df1	df2	Sig. F Change
Government	.399a	.159	.150	.35813	.159	18.336	2	194	.000
Private	.531a	.282	.274	.54603	.282	36.674	2	187	.000

In order to figure out the effects of family support and challenge of hospital support on the SWLB, a multiple regression was conducted. It is apparent from the table 8 (b) that the results of the regression analysis were significant for nurses working in both government ($p=0.000$) as well as private ($p=0.000$) hospitals. The r^2 value for government hospital nurses was 0.159, whereas the r^2 value for private hospital nurses was 0.282.

Table 8 (c) Coefficients^{a, b}

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
Government	(Constant)	1.161	.070		16.561	.000
	Family support	.168	.029	.386	5.758	.000
	Hospital support challenge	.029	.039	.051	.753	.452
Private	(Constant)	1.257	.108		11.627	.000
	Family support	.086	.048	.114	1.814	.071
	Hospital support challenge	.218	.028	.498	7.891	.000

It was found that family support positively affected the SWLB of government hospital nurses as shown in Table 8 (c) (beta coefficient = 0.168, $p=0.000$). It was also established that the challenge of hospital support affected the viewpoints and SWLB of nurses working in private hospitals (beta coefficient = 0.218, $p=0.000$).

5. CONCLUSION

In order to determine the various factors that affect the WLB of healthcare staff, the researcher listed various hospital-related challenges. The pilot study that was conducted earlier to the actual study also confirmed these types of challenges, mainly were harassment by doctors and the hospital management, safety, dignity and respect, non-cooperation from the patients and doctors, contagious diseases, overtime, treating terminally ill patients, keep oneself physically fit and healthy while treating the patients, non-standardized wage system, and no health coverage. As the researcher conceives, there are several aspects with regards to the above-mentioned challenges that influence the work-life balance of nurses working in government as well as private hospitals. It is also important to know about the support provided by the hospital management to help the nurses in overcoming these challenges. Another important fact is to find out whether there was any difference in the perception of challenges between government hospital nurses and private hospital nurses.

The means adopted by hospitals to handle the challenges are vital for the present study because the support and welfare provided by them significantly contribute in improving the WLB of the nursing staff.

The results of the present study presented a contrasting outcome among government and private hospital nurses. A majority of nurses working in government hospital mentioned that the management supported them to overcome the challenges; whereas, most of the nurses working in private hospital mentioned that the management did not offer any such support.

The challenges perceived by the government hospital nurses were found to be unaffected by demographic variables; whereas, those perceived by the private hospital nurses were found to be affected by demographic variables. Barring education, all demographic variables were found to be insignificant among private hospital nurses. Thus, it can be stated that the perception of challenges depends on the demographic variables to some extent.

It was also found that nurses working in government hospitals were better supported than those working in private hospitals.

For the present study, both government and private hospital nurses were found to have a satisfactory WLB. The structural model states that satisfied work life balance (SWLB) has positive influence on Effectiveness of Work (IEW). It also states that satisfied work life balance (SWLB) was found to be significantly but negatively affected by work interference with personal life (WIPL) as also stated in the proposed theoretical model.

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